

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 590477

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
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12				1		
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48					1	
49						
50						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←		←	←	←	
TOTAL CLAIMS		████		████		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
*			↓	2	↓	
TOTAL IND.			←	22	←	←
TOTAL DEP.						←
TOTAL CLAIMS		████		████		████